

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re application of:

Mark A. Reiley

Attorney Docket No.: 9448.17205-CIP DIV

Serial No.:

10/615,727

Examiner: D. Isabella

Filed:

9 July 2003

Group Art Unit: 3738

For:

Facet Arthroplasty Devices and Methods

**Commissioner for Patents** PO Box 1450 Alexandria, VA 22313-1450



PATENT TRADEMARK OFFICE

### AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

### **STATUS**

- 2. Applicant is
  - [x] a small entity
  - [ ] other than a small entity.

### **CERTIFICATE OF MAILING (37 CFR 1.8(a))**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed as follows: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

Judith Dunaway

Type or print name of person mailing paper

Date: 10 September 2004

(Signature of person mailing paper)

# **EXTENSION OF TERM**

NOTE:	"Extension of Time in Patent Cases (Supplement Amendments) - If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.					
	a Notice the timel	of Appeal v-filed resi	or filing and/or entry of an a conse placed the application	additional amendment a n in condition for allowan	nsion of time is required to permit fili after expiration of the shortened statu ace. Of course, if a Notice of Appeal ha of December 10, 1985 (1061 O.G. 3	tory period unless is been filed within
NOTE:		CFR 1.64 nation pro		n interference proceedi	ings and 37 CFR 1.550(c) for exte	nsions of time in
3.	The pr	roceedir	ngs herein are for a p	patent application a	and the provisions of 37 CF	R 1.136 apply
			(complete	e (a) or (b) as appl	licable)	
	(a)	[ ]			f time under 37 CFR 1.136 ( onths checked below:	fees: 37 CFR
	Extens (month one me two mo three r four me five mo	ns) onth onths nonths onths	VI 89 89 89 89 89 89 89 89 89 89 89 89 89	e for other than Small Entity 5 110.00 6 420.00 6 950.00 61480.00 62010.00	Fee for <u>Small Entity</u> \$ 55.00  \$ 210.00  \$ 475.00  \$ 740.00  \$1005.00	
			Fee: \$			
	If an a	dditiona	l extension of time is	required please co	onsider this a petition theref	or.
			(check and com	plete the next item	ı, if applicable)	
	[ ]	therefo	ension for or of \$ ension now requested	is deducted f	already been secured and from the total fee due for the	the fee paid total months
		Extens	sion fee due with this	request: \$		
				OR		
	(b)	[x]	conditional petition	is being made to p	ion of term is required. I rovide for the possibility that a petition for extension of ti	applicant has

## **FEE FOR CLAIMS**

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee (Small Entity)	Additional Fee (Large Entity)
Total Claims 37 CFR 1.16(c)*		-20 =	(20)	x \$ 9.00	\$0	\$0
Independent Claims (37 CFR 1.16(b)**		-3 =	(3)	x \$ 43.00	\$0	\$0
First Presentation of Multiple Dependent claim(s) if any (37 CFR 1.16(d))				\$145.00	\$0	\$0
Total Additional Fee					\$0	\$0

*	If the "Highest No.	<b>Previously Paid</b>	for" IN THIS	SPACE is less	than 20,	enter "20"
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The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (S 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR S 1.116(a) (emphasis added).

(complete (c) or (d) as applicable)

	(c)	[x]	No additional fee for claims is required.
			OR
	(d)	[]	Total additional fee for claims required \$
			FEE PAYMENT
5.	[]	Attached is a check in the sum of \$	
	[]	Charg	ge Account No the sum of \$
			A duplicate of this transmittal is attached.

<sup>\*\*</sup> If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

### FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. [x] If any overpayment of fees or additional extension and/or fee is required, charge Account No. <u>06-2360</u>.

### AND/OR

[x] If any overpayment of fo	f fees or additional fee for claims is required charge Account No			
	SIGNATURE OF ATTORNEY			
Reg. No.: 29,243	Daniel D. Ryan TYPE OR PRINT NAME OF ATTORNEY			
Tel. No.: <b>(262) 783 - 1300</b>	RYAN KROMHOLZ & MANION, S.C. P.O. ADDRESS Post Office Box 26618			
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